



GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

2 Peachtree Street, N.W.

36th Floor

Atlanta, Georgia 30303

(404) 656-3913 (OFFICE)

(404) 656-9723 (FAX)

APPLICATION FOR INACTIVE STATUS

Physician's Assistants

Fee for Inactive Status: \$40.00

NAME: _____

ADDRESS: _____

City

State

Zip

License No. _____

Inactive Status Request Date: _____

You must return your wallet identification card to the Board with your fee and application.

Pursuant to OCGA 43-34-103, the Board may grant inactive licensure status. A person who wishes to maintain his or her License as a Physician's Assistant, but who does not intend to practice as a Physician's Assistant may apply to the Board for inactive status by submitting an application and the fee. An individual with an inactive certificate may not practice in this State.

I understand that my License will become inactive and that I may not practice as a Physician's Assistant in the State of Georgia once my application and fee are received by the Board.

Signature

Date